



RIDESHARE APPLICATION

Wisconsin Department of Transportation
DT1200 5/2003

Date	<input type="checkbox"/> Female <input type="checkbox"/> Male	Return Application To:	Wisconsin Department of Transportation District 2 RIDESHARE Program PO Box 798 Waukesha, WI 53187-0798 For additional information, call 262-521-5454
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Name – First, MI, Last			
Mailing Address *	City	State	ZIP Code
E-mail – Optional	FAX - Optional	Cell Phone Number - Optional	
County of Ride Origin	Area Code – Home Telephone Number *		

Address, ZIP Code, and County if origin of ride is different from above

Nearest Intersection

* Your home address and telephone number are used for internal purposes only. They will not be given out.

Destination

Company/Work Site			
If destination is other than work site, describe			
Destination Address	City	State	ZIP Code
County	Nearest Intersection		
Area Code - Work Telephone Number	Start Time	End Time	Flexible <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe your route to destination			

Match Information

Current Transportation Mode			
<input type="checkbox"/> Drive Alone	<input type="checkbox"/> Carpool	<input type="checkbox"/> Vanpool	<input type="checkbox"/> Transit
Check One			
<input type="checkbox"/> Drive Only	<input type="checkbox"/> Ride Only	<input type="checkbox"/> Either	
Match Preferences			
<input type="checkbox"/> Non-Smokers Only	<input type="checkbox"/> Same Gender Only	<input type="checkbox"/> Same Employer	
How did you hear about this program?			
Does your employer have an Employee Incentive Program?			
<input type="checkbox"/> Yes, Please Specify:	<input type="checkbox"/> Emergency Ride Home	<input type="checkbox"/> Preferential Parking	<input type="checkbox"/> Transit Reimbursement <input type="checkbox"/> Other:
<input type="checkbox"/> No			

Thank you for your interest in the Wisconsin Department of Transportation’s Rideshare program.